

## POLICY AND GUIDANCE ON REASONABLE ACCOMMODATION FOR INDIVIDUALS WITH DISABILITIES.

1. PURPOSE: This guidance describes policies, procedures and establishes responsibilities for INSCOM in the area of Reasonable Accommodation (RA) for an individual's disabilities. Coverage under this guidance extends to civilian employees and applicants for employment. The guidance objectives are to:

a. Establish a procedure that will support the prompt, fair, and efficient processing of requests for RA;

b. Increase awareness of the responsibility to provide for the expansion of opportunities for individuals with disabilities; and

c. Ensure compliance with the provisions of Title VII of the Civil Rights Act and Rehabilitation Act of 1973, as amended.

### 2. REFERENCES:

a. Executive Order 13164, Establishing Procedures to Facilitate the Provision of Reasonable Accommodation, 26 Jul 00, requires federal agencies to establish written procedures for processing requests for RA. The Executive Order also clarifies the requirement of the Rehabilitation Act of 1973 to provide RA to qualified employees and applicants with disabilities. (TAB A)

b. On 20 October 2000, the Equal Employment Opportunity Commission (EEOC), issued Policy Guidance on Executive Order 13164; Establishing Procedures to Facilitate the Provision of Reasonable Accommodation. (TAB B)

Notably, the Executive Order does not create any new rights for applicants or employees, nor does it limit an individual's rights under the Rehabilitation Act. As a result, an individual who believes that his/her rights to RA have been violated may pursue the remedies already in place under the Act.

c. Title VII of the Civil Rights Act of 1964 prohibits employers from discriminating against in the Hiring, Placement, and Advancement of Individuals with Disabilities. (TAB C)

d. The Americans with Disabilities Act of 1990 initially did not apply to federal employees because the Rehabilitation Act of 1973 already included the same provisions. The ADA coverage now extends equally to federal employees. (TAB D)

e. AR 600-7, Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of the Army, 15 Dec 83, provides details on the requirement for an organization's own facilities to conform to the laws of accessibility to federal buildings, programs, and activities. (TAB E)

### 3. KEY TERMS.

Essential Functions: Job duties that are so fundamental to the position that the individual cannot do the job without being able to perform them, is considered essential. A function is "essential" if, among other things, the position exists specifically to perform that function. There are a limited number of other employees who could perform the function if it was assigned to him/her or the function is specialized and the incumbent is hired based on his/her ability to perform it.

Extenuating Circumstances: Factors that could not reasonably have been anticipated or avoided in relation to a request for the RA.

Individual with a Disability: A person who has a mental or physical disability that substantially limits one or more major life activity, has a record of such impairment, or, is regarded as having such impairment.

Qualified Person with a Disability: A qualified person with a disability is an individual with a disability who is otherwise qualified or capable of doing the essential functions of a job with or without RA.

Reasonable Accommodation: A change in the work environment or in the way things are customarily done that would enable an individual with a disability to enjoy equal employment opportunities. There are three general categories of RA:

Modifications or adjustments to a job application process to permit an individual with a disability to be considered for a job (e.g., providing application forms in alternative formats like large print or Braille);

Modifications or adjustments necessary to enable a qualified individual with a disability to perform the essential functions of the job (e.g., providing sign language interpreters, special computer keyboards, or voice amplification devices); and

Modifications or adjustments that enable employees with disabilities to enjoy equal benefits and privileges of employment (e.g., removing physical barriers in an office).

Undue Hardship: A specific accommodation that involves significant difficulty or expense. This determination, which must be made on a case-by-case basis, considers factors such as the nature

and cost of the accommodation needed; the size and budget of the organization, and the impact of the accommodation on the operation of INSCOM.

4. **POLICY.** The policy of the Army Intelligence and Security Command is to implement a formal process (written procedures) to assure individuals with disabilities (i.e., employees and applicants for employment) are provided reasonable accommodations, whenever possible, in the workplace and in employment-related situations in a timely manner.

## 5. **RESPONSIBILITIES.**

a. Commanders and Supervisors at all levels will:

(1) Promote the RA process, by ensuring all employees and supervisors know and understand the process.

(2) Provide necessary resources to support the RA process.

b. Management officials/first-level supervisors will:

(1) Assure employees are aware of their right to request RA because of a medical condition. This may necessitate providing information in alternative formats, such as large print, Braille, or electronic media (on request). Other alternatives will be made available so RA procedures are accessible for individuals with particular disabilities.

(2) Review RA requests received from employees.

(3) Fully consider and approve RA requests, whenever possible.

(4) RA request, whether approved or disapproved will be forwarded to G1, Chief, Human Resource Division (CHRD), who will forward to Equal Employment Opportunity (EEO) Office.

c. INSCOM G1, CHRD will:

(1) Review RA requests received from employees and supervisors.

(2) Consider and approve RA requests for employees and supervisors, whenever possible, and coordinate request with EEO Office.

(3) Where appropriate, provide advice and information to supervisors regarding RA for employees with a medical condition.

d. Servicing EEO Office will:

(1) Serve as the proponent for the RA Program on all INSCOM RA requests.

(2) Submit RA data for INSCOM employees to the INSCOM EEO Office no later than 15 Oct of each year, for inclusion in the INSCOM Annual Affirmative Employment Program Plan. A sample form is at Appendix C.

## 6. THE REASONABLE ACCOMMODATION PROCESS.

a. An employee or job applicant may initiate a request for RA preferably in writing. The employee will be asked to complete an RA request form for record keeping purposes. A sample form is at Appendix A. However, a person's oral or written request starts the RA process. When an individual requests assistance in completing the RA request form, the activity must provide that assistance.

b. The RA process is initiated when a person with a disability indicates the need for an adjustment or a change at work or in the application process **for reasons related to a medical condition**. The requestor does not have to use any particular words or cite the Rehabilitation Act of 1973 or use the term "reasonable accommodation." For example, it is sufficient for a vision-impaired person to ask for assistance with certain work-related materials, or for a person to state that he/she is having a problem with an established tour of duty because of a medical problem or new medication.

c. A family member, health professional, or other representative may request a RA on behalf of the individual with a disability. The need for a RA should then be confirmed with the person.

d. First-line supervisors will consider and approve requests for RA whenever possible. Each RA request will be different and will be considered on a case-by-case basis. However, an employee or applicant for employment should be informed as soon as possible on the status of his/her RA request, especially if an urgent situation exists. Where the requested RA is simple and straightforward and there is no question of undue hardship to INSCOM, **processing of the RA request should not exceed thirty (30) days**. If there are extenuating circumstances that will preclude providing the requested RA within 30 days, the requestor will be notified of the reason for the delay and will be provided with the anticipated completion date **in writing**.

e. Information on the type of RA and the date the RA that is provided will be documented and filed with the RA request form. A sample form is at Appendix B.

## 7. MEDICAL INFORMATION.

a. If the disability and/or need for accommodation are not obvious or already known by the employer, employees or applicants for employment must provide relevant medical information related to the disability being reviewed and the requested accommodation. (Appendix D & E)

b. Additional medical information may be requested if the initial information submitted:

(1) Does not clearly explain the nature of the disability or the need for RA; or

(2) Does not clarify how the RA will assist the employee to perform the essential functions of the job or enjoy the benefits and privileges of the workplace.

c. The employer may have the medical information reviewed by Occupational Health or a medical expert of the employer's choice at the employer's expense.

d. In accordance with the Rehabilitation Act of 1973, medical information may **not** be requested when:

(1) Both the disability and the need for RA are obvious or already known; or

(2) The individual has already provided the agency with sufficient information to document the existence of the disability and his/her functional limitations.

e. The Rehabilitation Act also requires that all medical information be kept confidential. If necessary, medical information may only be shared on a need to know basis. When medical information is disclosed to appropriate officials, they must be informed regarding the confidentiality requirements under the law.

f. In order to maintain the confidentiality of the medical information and the RA request data, these records should be filed separately from official personnel files or the personnel files maintained in most offices.

## 8. TYPES OF REASONABLE ACCOMMODATION.

a. Modifications or adjustments may be made to the application process, to the job or to the workplace. Refer to the examples described for RA in Item 5-Key Terms above.

b. Compressed Work Schedule (CWS) arrangements between a supervisor and an employee should be considered as options for RA.

c. Reassignment must be considered, absent undue hardship to the organization, for an employee who, because of a disability, can no longer perform the essential functions of his/her job with or without RA. Reassignment may be made only to a vacant position. The law does not require that agencies create new positions or move other employees from their jobs in order to create a vacancy. If the employee is qualified for the vacant position, he/she may be reassigned to the vacant position as a RA and should not have to compete for the position.

d. Flexible scheduling, voluntary substitutes, "swaps," lateral transfers, and change of job assignments.

e. Making existing facilities accessible.

f. Job restructuring.

g. Acquiring or modifying equipment.

h. Changing tests, training materials, and/or policies.

i. Providing qualifying readers or interpreters.

j. As stated previously Item 6e, information on the type of RA and the date the RA is provided should be documented and filed with the RA request form.

## 9. DENIALS OF REASONABLE ACCOMMODATION.

a. If an individual's request for RA is denied, the individual must be notified **in writing** of the reasons for the denial. The denial should be written in plain language, be as specific as possible, and should identify the office and individual who made the decision. The notice of denial should be provided in alternate format, such as large print, Braille, etc.

b. If a specific RA is denied, but an alternate RA is offered, the notice should explain the specific reason(s) for the denial and the reason that another accommodation is considered to be a good alternative.

c. The notice must also include an explanation of the informal procedures that are available for a review of the denial action. Individuals should be encouraged to first discuss the denial with the person who made the decision (the deciding official). If the requestor is not satisfied, he/she would then have the opportunity to appeal the denial action to others in the deciding official's chain of command. If the matter has still not been resolved to the requestor's satisfaction, there will be the opportunity to proceed under an alternative dispute resolution (ADR) process. The individual challenging the denial of a RA request may participate in ADR **without** having to file an EEO complaint.

## 10. INFORMAL PROCEDURES AND EEO COMPLAINTS.

a. The informal procedures discussed in item 9c above must be **in addition to** and may not modify or replace the EEO Complaint Process; Merit Systems Protection Board (MSPB); or union grievance procedures available to Army employees or applicants.

b. The informal procedures (reference item 9c) are strictly voluntary and may not be used to limit an individual's rights. The employer may not prevent an individual from filing an EEO complaint, MSPB, or union grievance even if he/she is also pursuing the steps detailed in the informal procedures.

c. The informal procedures (reference item 9c) do not affect the time limits for the EEO Complaint Process. Thus, when the employer denies an RA request, he/she must notify the individual **in writing** that if he/she wishes to file an EEO complaint on the denial action, he/she must do so within 45 days of the receipt of the denial action, even if he/she is also pursuing the steps detailed in the informal procedures.

d. Servicing EEO Offices may provide information regarding the filing of an EEO discrimination complaint.

## 11. TRACKING REQUIREMENTS.

a. The HQ Department of Army is the proponent for the program for Individuals with Disabilities. As a result, at the operational level, the servicing EEO Office is responsible for tracking the following information:

The number and types of RA's that have been requested whether those requests were granted or denied;

The jobs (occupational series, grade level, and organization) for which RA's have been requested;

The types of RA's that have been requested for each of those jobs;

The number and types of RA's for each job, by organization, that have been approved, and the number and types that have been denied;

The number and types of requests for RA's that relate to the benefits or privileges of employment, and whether those requests have been granted or denied;

The reasons for denial of requests for RA;

The amount of time taken to process each RA request; and

Sources of technical assistance consulted in trying to identify possible RA's.

b. Servicing EEO Offices will submit the RA tracking information data detailed above to the INSCOM EEO Office not later than 15 Oct each year for the inclusion of this data in the Annual AEP Plan. A sample form is at Appendix C.

## 12. DISPOSITION OF REASONABLE ACCOMMODATION REQUEST DATA TO INCLUDE MEDICAL INFORMATION.

a. Documentation related to a particular individual who has requested RA should be filed apart from other personnel records, safeguarded regarding confidentiality requirements, and maintained for the duration of that employee's employment.

b. The tracking information data should be maintained for a period of three years. This data will assist an organization to evaluate its performance regarding the adequate and timely processing of RA requests and to take corrective action, if required.

## 13. APPENDICES.

Reasonable Accommodation (RA) Request Form (recommended format)

Reasonable Accommodation (RA) Request Checklist (recommended format)

Reasonable Accommodation (RA) Tracking Information-Annual Report to INSCOM  
(recommended format)

Request for Medical Documentation

Medical Records Release Form

List of Reasonable Accommodation Resources

## **APPENDIX A**

### **Reasonable Accommodation (RA) Request Form**

Before completing and submitting this form, please read the following Privacy Act Statement

#### **PRIVACY ACT STATEMENT**

**The Army is authorized to collect the information by Section 501 of the Rehabilitation Act of 1973, 29 USC 791 and 1972 Congressional Amendment to Title VII. The information provided by you will be used primarily to facilitate the processing of your request. Furnishing of the requested information and documentation is voluntary. However, failure to fully complete this form or provide the necessary information may result in either a delay of the needed accommodation or the denial of your request.**

**1. I am a person with a disability who is requesting a reasonable accommodation under the Title VII of the Civil Rights Act of 1964 or Rehabilitation Act of 1973, as amended. I am requesting accommodations because I have a medical condition(s) described below.**

**Condition(s): (Describe condition(s) for which accommodation(s) is/are needed)**

---

**Situation or Job Task(s): (Describe the current employment situation, i.e., job tasks, employment practice, or workplace barrier that keeps you from performing essential job functions or from receiving equal benefits and privileges of employment.)**

---

**Accommodation(s) Requested: (Identify suggested accommodation(s) or state if possible accommodations are not known. Provide recommendations for alternative accommodation(s) where possible.)**

**2. Employee/Applicant/Requestor:**

**Typed/Printed Name** \_\_\_\_\_

**Position Title, Series & Grade** \_\_\_\_\_

**Work Phone Number** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Note: If the requesting employee/applicant is unable to sign (e.g., in hospital, blind, etc.) a representative will “sign for” on this line.

## **APPENDIX B**

### **Reasonable Accommodation (RA) Request Checklist**

**(For management's use in processing employee requests)**

**Warning: Information contained in this document is protected by the Privacy Act (5 USC 552a)**

**In accordance with the Act:**

**(1) Only information about the individual that is relevant and necessary to accomplish the purpose of determining and evaluating a request for RA should be requested; 5 USC 552a(e)(1);**

**(2) Information should be collected directly from the individual requesting the RA, particularly when the information may result in sensitive determinations about the individual's rights, benefits, and privileges that include possible RA (5 USC 552a(e)(2);**

**(3) Appropriate administrative, technical and physical safeguards must be followed to insure the security and confidentiality of records and to protect against any anticipated threats or hazards to their security or integrity. Not safeguarding sensitive information appropriately could result in substantial harm, embarrassment, inconvenience or unfairness to any individual on whom information is maintained;  
5 USC 522a(e)(10).**

---

#### **1. Request for accommodation:**

**a. Written? Yes\_\_\_\_\_ (attach copy) No\_\_\_\_\_**

**b. Oral? Yes\_\_\_\_\_ (attach supervisor's documentation) No\_\_\_\_\_**

**c. Date \_\_\_\_\_**

**d. Name/title of employee for which request is being made**

---

**e. If someone other than the person named in 1.d. above is making the request, provide name/address/phone number and relationship of person making the request.**

**f. Did employee receive a copy of Privacy Act Statement? Yes\_\_\_\_\_ No\_\_\_\_\_**

#### **2. Employee's stated accommodation:**

---

**a. What is the nature of the disability?**

\_\_\_\_\_

**b. Has employee provided medical information relative to stated disability in the past? Yes \_\_\_\_\_ Date Received \_\_\_\_\_ No \_\_\_\_\_**

**c. If the answer to both 2b is “no,” coordinate with EEO and request medical documentation from employee:**

**d. Date coordinated with EEO Office \_\_\_\_\_**

**e. Date medical information requested \_\_\_\_\_**

**f. Date received \_\_\_\_\_**

**3. Meeting with employee:**

**a. Is a meeting needed to clarify needs? Yes \_\_\_\_\_ No \_\_\_\_\_**

**b. Narrative describing discussion with employee (May include: Which job duties are affected? Are any of the duties impacted considered essential elements of the employee’s position? If so, can accommodations be made to enable the employee to perform these tasks?)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**c. List possible accommodations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Coordination with EEO Office:**

**a. Date of meeting** \_\_\_\_\_

**b. Narrative describing discussion (May include: Does the employee have a physical or mental disability that substantially limits one or more of the major life activities? Which of the accommodations being discussed are available/reasonable? If there is a need to consult with a resources outside the agency, e.g., Computer Electronic Accommodations Program (CAP) officials. Who has control over the resources? Who will make the decision?**

---

---

---

---

**5.a. Alternative Actions/Accommodations Recommendations:**

---

---

---

---

**5.b. Alternative actions/accommodations:**

**Are any of the listed accommodations an undue hardship? (Generalized conclusions will not suffice to support a claim of undue hardship. Undue hardship must be based on an individualized assessment of current circumstances that show a specific reason accommodation would cause significant difficulty or expense to the INSCOM) If so, explain:**

---

---

---

---

---

**6. Accommodations chosen, if any (explain reason for choice)**

---

---

---

---

---

**Coordination with other organizational elements, as applicable, i.e., EEO, Occupational Health Specialist, CAP, CPAC, etc. (If any of the possible accommodation requires resources, which are outside the control of the supervisor, facilities and managers should be included.)**

---

---

---

---

---

7. Effective date for the RA: \_\_\_\_\_

Additional Notes:

## **APPENDIX C**

### **Reasonable Accommodation (RA) Tracking Information Annual Report to INSCOM for FY \_\_\_\_\_:**

#### **RA Requests submitted by applicants for employment**

1. Number and types of RAs submitted by employees

---

2. Occupational series, grade, and organization for which RAs have been requested by employee:

3. Types of RAs that have been requested for each of those jobs:

---

4. Number and types of RAs for each job, by organization, that have been approved:

---

5. Number and types that have been denied:

---

---

6. Number and types of requests for RAs that relate to the benefits or privileges of employment:

---

7. Were those requests granted or denied? \_\_\_\_\_

8. Reasons for denial of request for RA:

---

9. The amount of time taken to process each RA request:

---

10. Sources of technical assistance that has been consulted in trying to identify possible RAs:

---

---

**Submission Data:**

**1. Servicing EEO Office:** \_\_\_\_\_

**2. POC for this report:** \_\_\_\_\_

**3. Phone Numbers:** \_\_\_\_\_

**4. E-mail address:** \_\_\_\_\_

**5. Date of submission:** \_\_\_\_\_

MEMORANDUM FOR

SUBJECT: Request for Medical Information

1. You have requested reasonable accommodation e.g. a significant amount of Leave Without Pay (LWOP), and the medical documentation you have provided is not adequate for me to make an informed decision about your continued incapacitation for duty. At this point, I must determine how long your medical condition will impact upon your ability to fulfill the full range of your duties. Documentation is needed which will provide an indication of an expected date of full or partial recovery.
2. The information you provide is necessary for me to assess your medical condition and to make an informed determination regarding employment matters. The information you provide will be treated in a confidential manner. It will be reviewed only by individuals for the purpose of making administrative decisions related to your employment.
3. Please work with your physician to obtain responses, in English, to the following questions regarding your medical information. The information should be provided to me sufficiently in advance of any expected date of return to duty but no later than \_\_\_\_\_ 2005. I have included a copy of your position description to aid your physician(s) in evaluating your medical condition in relation to the duties you are expected to perform and determining whether any changes may be warranted.
4. Specifically, the items listed below need to be addressed:

**The history of the specific medical condition(s), including references to findings from previous examinations, treatment and responses to treatment;**

**Clinical findings from the most recent medical evaluation, including any of the following, which have been obtained; findings of physical examination; results of laboratory tests, x-rays, EKGs and other special evaluations or diagnostic;**

**c. Diagnosis, including the current clinical status;**

**Prognosis, including plans or recommendations for future treatment and an estimate of the expected date of full or partial recovery, if applicable;**

**An explanation of the impact of the medical condition on overall health and activities, including the basis for any conclusion that restrictions are or are not warranted, and where they are warranted, an explanation of their therapeutic risk avoiding value;**

**What portions, if any, of your current position you are unable to perform;**

**How long it is projected that you will be unable to perform these duties;**

**What duty restrictions are medically required;**

**Any other limitations on your ability to work;**

**Any additional information relevant to your fitness to perform as a Department of the Army employee.**

5. The documentation you provide may be reviewed in coordination with a physician to ensure that the diagnosis or clinical impression is justified in accordance with established diagnostic criteria and that the conclusions and recommendations are not inconsistent with generally accepted medical principles and practices. If you have any questions or need further information, please contact me at (*phone number*).

**6. If you have any questions or need further information, please do not hesitate to contact me.**

**Encl**

**Signature Block**

## **APPENDIX E**

### **Release of Medical Records**

The health care providers and/or medical facilities listed on the attached sheet are hereby authorized to release to the United States Department of the Army, and its representatives, all medical and dental records, including but not limited to in-patient records, out-patient records, office notes, history and physical examination notes, consultation notes, admission and discharge summaries, order and progress notes, laboratory results, nurses notes, emergency room records, operative records, and radiology films and study results (including x-ray, CT, MRI, and PET studies), medical bills, health insurance, Medicaid, and Medicare records, concerning any medical treatment received from health care providers, as well as all such records kept in the regular course of business and are contained in the medical records file. I further authorize release of all records regarding mental health, psychiatric, chemical dependency, or HIV.

I further understand that any medical records and information provided to the United States Department of the Army, and its representatives, may be copied and shared with medical reviewers and consultants for purposes of evaluating a discrimination complaint (EEOC docket # and Agency docket#) in which I assert a claim for compensatory damages. I authorize United States Department of the Army and its claims representatives, to release medical records and information to medical reviewers and consultants for said purpose. I understand that any disclosure of information to medical reviewers and consultants carries the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

A photostatic copy of this document shall be as valid as the original. I understand that I have the right to revoke this authorization by providing a signed, written notice of revocation to the health care providers and facilities listed above. Unless rescinded in writing, this authorization will remain in effect until such time that a final resolution of the above referenced discrimination complaint has been determined by the United States Army.

---

**Printed Name of Patient**

---

**Social Security Number**

---

**Signature of Patient**

---

**Patient's Date of Birth**

(If signed by a Legal Representative, list relationship to patient)

**Date Signed:** \_\_\_\_\_

Provided Medical Records of \_\_\_\_\_  
Claim Number \_\_\_\_\_

**1. Military Records:**

<u>Dates of Treatment</u>	<u>Name of Treatment Facility</u>
---------------------------	-----------------------------------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**2. Radiology films (MRI/CT Scans, slides or electronic images):**

<u>Dates of Treatment</u>	<u>Name of Military Treatment Facility</u>
---------------------------	--

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**3. Civilian Records:**

<u>Dates of Treatment</u>	<u>Civilian Records</u>
---------------------------	-------------------------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**4. Radiology films (MRI/CT Scans, slides or electronic images):**

<u>Date of Treatment</u>	<u>Name of Treatment Facility</u>
--------------------------	-----------------------------------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## **APPENDIX F**

### List of Reasonable Accommodation (RA) Resources

**Individuals with Disabilities Program Manager**  
**HQ, U.S. Army Intelligence and Security Command**  
**ATTN: IAPE-EE**  
**8825 Beulah Road**  
**Fort Belvoir, VA 22060**  
**Phone: (703) 428-4643, DSN 328**  
**Fax: (703) 428-4916**  
**E-mail: [jwatso2@inscom.army.mil](mailto:jwatso2@inscom.army.mil)**

**Computer/Electronic Accommodation Program (CAP)**  
**Defense Medical System Support Center**  
**5111 Leesburg Pike, Suite 810**  
**Falls Church, VA 22041-3206**  
**Phone: (703) 681-8811 (Voice/TTY)**  
**Fax: (703) 681-9075**  
**Web site: [www.tricare.osd.mil/cap](http://www.tricare.osd.mil/cap)**

**Computer/Electronic Accommodations Program Technology**  
**Evaluation Center (CAPTEC)**  
**Pentagon, Room 2A259**  
**(703) 693-6189 (TTY)**  
**(703) 693-5160 (Voice)**  
**E-mail: [cap@tma.osd.mil](mailto:cap@tma.osd.mil)**

**Job Accommodation Network (JAN)**  
**918 Chestnut Ridge Road**  
**Suite 1, West Virginia University**  
**P.O. Box 6080**  
**Morgantown, WV 26506-6080**  
**1-800-526-7234 (Voice/TTY)**  
**Web site: [www.janweb.icdi.wvu.edu](http://www.janweb.icdi.wvu.edu)**

**Disability Resource Center**  
**Department of Transportation**  
**Room 2110 Nassif Building**  
**Routing Symbol: SVC-104**  
**Hours: 0830 – 1700 ET**  
**(200) 493-0625 (Voice)**  
**(202) 366-5273 (TTY)**  
**E-mail: [drc@tasc.dot.gov](mailto:drc@tasc.dot.gov)**

## **Other Web Sites of Interest**

Office of Assistant Chief of Staff, Army (Installation Management Facilities Policy Division)

[www.hqda.army.mil/acsimweb/fd/pages/](http://www.hqda.army.mil/acsimweb/fd/pages/)

Architectural and Transportation Barriers Compliance Board (Access Board)

[www.access-board.gov](http://www.access-board.gov)

Equal Employment Opportunity Commission (EEOC) [www.eeoc.gov](http://www.eeoc.gov)

Department of Justice [www.usdoj.gov](http://www.usdoj.gov)

Job Accommodation Network (JAN) [www.janweb.jcdi.wvu.edu](http://www.janweb.jcdi.wvu.edu)

Whitehouse: <http://www.whitehouse.gov>

Congressional: <http://www.senate.gov/>; <http://www.house.gov/>

Office of Personnel Management: <http://www.opm.gov>

<http://www.opm.gov/employ/disabilities/guide.pdf>

Army Civilian Personnel: <http://cpol.army.mil>

Deputy Chief of Staff (Installation Management, Facilities, & Policy Division)

[www.hqda.army.mil/acsimweb/fd/pages/initial.htm](http://www.hqda.army.mil/acsimweb/fd/pages/initial.htm)

National Organization on Disability <http://www.nod.org>

Other Resources on assistive technology/equipment:

ABLEDATA: [www.abledata.com](http://www.abledata.com)

Adaptive Technology Resource Center:

[www.utoronto.ca/atrc/service.html](http://www.utoronto.ca/atrc/service.html)

Center for Universal Design: [www.design.ncsu.edu/cud/index.html](http://www.design.ncsu.edu/cud/index.html)

CPB/WGBH National Center for Accessible Media: [www.ncam.org](http://www.ncam.org)

Disabilities Information Resources: [www.dinf.org](http://www.dinf.org)

Gallaudet University's Technology Assessment Program:

<http://tap.gallaudet.edu/caption.htm>

Lighthouse International: [www.lighthouse.org](http://www.lighthouse.org)

Trace R & D Center: [www.trace.wisc.edu](http://www.trace.wisc.edu)

Web Accessibility Initiative of the W3C: [www.w3.org](http://www.w3.org)

WebABLE!: [www.webable.com](http://www.webable.com)